

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
**10725829**  
APPLICANT(S)

FILED DATE  
**12-01-68**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6						
7		2				
8	1					
9		1				
10		1				
11	1					
12		1				
13		1				
14		2				
15		2				
16	1					
17		1				
18		1				
19	1					
20		1				
21		1				
22		2				
23		1				
24	1					
25		1				
26		1				
27	1					
28		1				
29		1				
30	1					
31		1				
32		1				
33	1					
34		1				
35		1				
36	1					
37		1				
38		1				
39	1					
40		1				
41		1				
42		12				
43		12				
44		12				
45		12				
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		2				
52		2				
53	1	1				
54	1	1				
55		1				
56	1	1				
57		1				
58		1				
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TOTAL DEP.						
TOTAL CLAIMS						